Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 AM – December 8, 2011

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, December 8, 2011 at Barry Hall's conference room 126, 14 Harrington Road, Cranston RI 02920.

Members Present: Rich Leclerc, Chair, Richard Antonelli, Linda Bryan, Cathy Ciano, Sandra DelSesto, Mark Fields, Jim Gillen, Joseph Le, Anne Mulready, Neil Corkery, Reed Cosper and Elizabeth Earles

Ex-Officio Members Present: Kim Sande, Department of Children, Youth and Families (DCYF); Michelle Branch, Louis Cerbo, Department of Corrections (DOC), Denise Achin, Department of Education (DOE), Sharon Kernan, Department of Human Service (DHS), Craig Stenning, Director and Charles Williams, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), Kathleen Grygiel and Mike Montenaro, Office of Rehabilitation Services (ORS)

Guests: Donald Boucher, Michelle Brophy, Sara Dinklage, Linda Mambro, and Vivian Weisman

Staff: Michael Varadian, James Dealy and Lisa Stevens

Once a quorum was established and introductions were made, the Chair, Richard Leclerc, called the meeting to order at 8:35 a.m. Richard entertained a motion to accept the minutes of November 8, 2011. Linda Bryan said her comments on page 3 of Health Homes were not expressed correctly and she would email a summary of how she would like it to read. Liz Earles motioned to accept the minutes Mark Fields seconded. Richard called for a vote to approve the minutes. All were in favor, and the minutes were approved as amended.

RI Housing First Program: Michelle Brophy and Don Boucher presented. Housing First is a national program introduced to RI in 2003 (the HF Executive Summary is attachment I). It focuses on the "chronic homeless" of whom there are about 700 in RI. These are the long-term (average 7 ½ year) homeless who don't fit well into programs that require abstinence, mental stability and other prerequisites. Housing First puts these consumers into housing without many pre-conditions and wraps intensive services around them. Nationally, about 90% of HF consumers retain their housing. The chronically homeless require very expensive public services for multiple hospitalizations, emergency room visits, police, EMT, jail costs, etc. Stabilizing these consumers in housing dramatically lowers these costs, and it is cheaper to house them to continue to allow them to remain homeless. In spite of this, HF has not been adopted by RI's state government, and, in fact, the state has drastically reduced the amount of funding for supported housing. Michelle called this Rhode Island's "illogic model" for dealing with chronic homelessness.

Don presented on Riverwood's HF program, the state's first. It incorporates several components that have separate funding sources to create a continuum of care for the chronic homeless. The SAMHSA PATH grant and foundation grants support intensive outreach to homeless consumers who are on the street or cycling through shelters. Once enrolled in HF, these consumers get intensive case management and clinical services, supported by BHDDH/Medicaid, SAMHSA and foundation grants, as they enter supported housing, which is subsidized by RIH and other programs. The "carrot" that motivates the chronically homeless to engage with services is the promise of immediate housing. 90% of them succeed in staying with the program. Some maintain their housing in spite of ongoing addiction or other serious problems, but over time, all see some improvement in their functioning. About 10% "fail spectacularly" and return to chronic homelessness.

Don used the Harrington Hall client profile (attachment II) to talk about the different kinds of needs within the chronically homeless population. Michelle said that the Interagency Commission on Homelessness has begun to focus on the Harrington Hall residents, and is working to connect the various sub-populations with the state resources that can support them (for example, those HH residents over 60 are being looked at with the Department of Elderly Affairs).

Don illustrated the dramatic impact of HF on the "high-end" service users. For example, one consumer, who had been hospitalized for almost 365 days of the year prior to entering HF, has not been hospitalized within the past year. Another, who had 150 ODs in his life prior to HF, has not been hospitalized in over two years. He talked about the many secondary effects of HF services, for example regular access to medical care and the reconnection with family members, that support this kind of recovery.

Success with chronic homeless folks, the 12% of homeless who consume 50% of homelessness services, allows the state to bring more resources to the "episodic homeless," those families and individuals who are homeless due to things like leaving DCYF care, prison, foreclosure or loss of a job. These people need brief, intensive help, including housing subsidies, to get re-housed as soon as possible. It is important to minimize the depletion of their resources and the trauma of long-term living in the shelter system, so that they can re-establish their normal way of life as quickly as possible.

Neil said that he and Liz are involved with the legislative commission addressing the "high-end users" of emergency room services, and agreed to ask the commission to focus on the chronically homeless, who are a significant number of the "high-end users." Neil will report to the Council on the commission's work. Liz stressed the need to coordinate the two SAMHSA grants, one at Riverwood and the other at Providence Center, that target outreach to the chronically homeless, so that homelessness services continue to evolve as part of a system of care.

Don said that not having secure funding continues to be a major barrier to Housing First, as it is to the state's other housing programs. Current funding comes from several SAMHSA grants and private foundations and the bulk of it will end within the next few years. Michelle noted that, although it is clear that HF and other housing supports will save significant amounts of money, these savings are not apparent in a budget process that addresses issues year-to-year, town-by-town and department-by-department. In response to a question about what the Council could do to support these programs, she urged it to advocate for a cross-departmental, cross-governmental, multi-year approach to the enormous costs of homelessness to the state as whole. The Council voted to send a letter to the Governor advocating such an approach.

ROSC Subcommittee: Sandra said that the subcommittee would present its definition of ROSC and update the Council on its other work at the next meeting. She said that a significant amount of work has gone into the definitions, which reflect the difficulty of bridging the gap between the practices of substance abuse prevention, substance abuse treatment and mental health treatment, but that this work needed to be done to provide a firm consensus for the development of a recovery oriented system of care.

Youth in Transition: Denise said that the subcommittee's final report should be completed by next meeting. She noted that, nationally, families are beginning to expect from adult systems the same level of self-directed care that programs like PASS provided to their children.

Block Grant: Vivian urged members to read the annual Block Grant Report that was sent out at the beginning of December. She noted that the report highlighted the state's many advances in behavioral health in spite of contracting budgets. She felt that these successes provide a perspective that will be necessary for good planning during the upcoming Block Grant planning cycle.

BHDDH Report: Craig said that the Senate commission addressing the "high-end" ER users has begun to understand the complexity of the problem and to see that it cannot be solved by looking at one part of the state's service system in isolation. He said that some legislators have begun seeking a more in-depth understanding of behavioral health issues and programs, and that this administration is taking a more cross-systems approach to long-term behavioral health problems.

He noted that the Governor's budget approach is not starting, as it did in the past, by requiring budget cuts from each department. Instead, the administration is starting by looking across departments at the overall effectiveness and costs of providing services. At this point, the departments are proposing budgets that cover the actual costs of current services. The state deficit, while significantly lower than anticipated because of pension changes, is still between $125 - $150 million. The Governor may considere revenue enhancements, although these were rejected last year. It is likely that the departments will face budget cuts at some point. Craig said that planning is underway that may provide savings, for example, by extending the Health Homes to new populations. There was also discussion about Project Sustainability. Linda cautioned that the success of services to these individuals is sometimes quite fragile, and that any changes need to preserve service arrangements that work. Craig also mentioned preliminary discussions at the state level around the delivery of services to adolescents.

Craig highlighted the successful initiation of the Health Homes program, which, after a very intensive planning process, got final CMS approval in November. Its acceptance reflects federal recognition of the special health needs of people with SMI, and he expects that the Health Homes will greatly improve individuals' care as well as reducing costs to the state.

Craig said that, for the first time in at least twelve years, residential substance abuse treatment will be RFP'd. The intent is not primarily to save money, but to increase the comprehensiveness and continuity of treatment.

Updates from DCYF: Kim announced that the contracts for the System of Care Transformation, Phase II are close to being finalized with the two lead agencies. The program extends the work being done through the FCCP program to all children in DCYF custody, almost all of whom are currently in residential care. Kim also reported the Department's satisfaction with the outcomes measured by the performance indicators in this year's Block Grant report. Eleven of the 15 PIs were achieved, including reducing out-of-state and juvenile justice placements and increasing access to services and families' satisfaction with services. Kim noted that this was a significant achievement given the reduction in DCYF's budget. In answer to a question, she said that the new Director has boosted morale at the Department.

Updates from EOHHS: Sharon reported that the Medicaid office is concentrating much effort on re-structuring care for "the Duals," those people who are eligible for both Medicaid and Medicare. They are developing a proposal for CMS' approval that will provide an integrated care package for this population, one that may serve as a model for other dually-classified recipients. As planning proceeds, the Office will ask for participation in the service design. The Medicaid Office is also developing a Health Home model for children with special health care needs based in the CEDARR centers. The

evaluation of the Communities of Care is beginning now that the first year's claims data is available. They will report on this at a Council meeting this summer.

Old/New Business: Liz asked whether BHDDH could report on the status of the new IP/Detox contract with the Providence Center. The Department will update the Council at the February meeting. Liz also mentioned the upcoming training of peer wellness coaches that they will be hosting. Not enough people have signed up, and she asked the Council members to assist in getting the word out to individuals who are appropriate for the training.

Upon motion being made and seconded, the meeting adjourned at 10:35 a.m.

The next meeting of the Council is scheduled for **1:00 PM on January 10, 2012 at Barry Hall room 126, 14 Harrington Road, Cranston RI 02920.**

Minutes respectfully recorded and written by:

Jim Dealy

/attachments